

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AD FILED		ADJUSTMENT		ADJUSTMENT	
	CHD	DEP	CHD	DEP	CHD	DEP
1						
2						
3						
4	1					
5		1				
6		1				
7		1				
8		2				
9		4				
10		4				
11		4				
12	1					
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50						
TOTAL IND.	3					
TOTAL DEP.						
TOTAL CLAIMS	3					

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	AD FILED		ADJUSTMENT		ADJUSTMENT	
	CHD	DEP	CHD	DEP	CHD	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						